

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		12	10/27
FORMALITY REVIEW	DW	72346	11-1-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
1	9-21-05
2	✓
3	✓
4	✓
5	✓
6	0
7	0
8	0
9	✓
10	✓
11	✓
12	0
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	0
23	0
24	✓
25	0
26	0
27	0
28	0
29	✓
30	✓
31	✓
32	0
33	0
34	✓
35	✓
36	0
37	0
38	0
39	✓
40	✓
41	✓
42	0
43	0
44	0
45	✓
46	✓
47	✓
48	0
49	✓
50	✓

Claim	Date
51	9-21-05
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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